

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 358209

FILED
Sep 27, 2006
Secretary of State**Entity Name:** 6855 N OCEAN BOULEVARD INC**Current Principal Place of Business:**6855 N OCEAN BLVD
OCEAN RIDGE, FL 33435**New Principal Place of Business:****Current Mailing Address:**6855 N OCEAN BLVD
BOYNTON BEACH, FL 33435**New Mailing Address:****FEI Number:** 59-1316952**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HARRISON, CAROL GM
OCEAN RIDGE MANAGEMENT INC.
6855 N. OCEAN BLVD.
OCEAN RIDGE, FL 33435 US**Name and Address of New Registered Agent:**BALLERANO, JR., JAMES A
1201 GEORGE BUSH BOULEVARD
DELRAY BEACH
FL, FL 33483 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMES A. BALLERANO, JR.

09/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MEADE, CURTIS
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: S (X) Delete
Name: HARRISON, CAROL
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD () Delete
Name: GALT, SANDY MR
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD () Delete
Name: AALFS, JOHN
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: PDT () Delete
Name: RANDS, WILLIAM
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: VPD () Delete
Name: MUELLER, BEVERLY
Address: 6855 N OCEAN BLVD
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: GALT, SANDY MR
Address: 6855 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM RANDS

PDT

09/27/2006

Electronic Signature of Signing Officer or Director

Date